PTO/SB/17 (10-08) Approved for use through 09/30/2010. OMB 0651-0032 recently Office; U.S. DEPARTMENT OF COMMERCE

	Act of 1995 (no persons are required	l to resp	ond to a collection of	notal to	tseinu notten	t displays	a valid OMB control number	
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FEE TRANSMITTAL For FY 2009				Application Number		10/582,676			
				Filing Date		06/12/2006			
				First Named Inventor		GERVAIS, John Alan, et al.			
				Examiner Name M		MOORTHY, Arevind K.			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2492	2492			
TOTAL AMOUNT OF PAYM	ENT (\$)	670.00	Ţ	Attorney Docket	No.	PU030342	2		
METHOD OF PAYMENT (check all that apply)									
Check Cicon Cale Civioney C. Co.									
Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Onarge results mercanic									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card WARNING: Information on this form may become public. Credit card information should not be included on this form.									
Information and authorization on PTO-2008.									
FEE CALCULATION									
1. BASIC FILING, SEAR	CH, AND	EXAMINATION FE	EES Cead	CH FEES	EXA	MINATION	FEES		
	FILING F	mall Entity		Small Entity		Small	Entity	Fees Paid (\$)	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee_(\$)		6 (\$) Fee		1000	
Utility	330	165	540	270		20 11	_		
Design	220	110	100	50			0		
Plant	220	110	330	165			5		
Reissue	330	165	540	270	6:	50 32			
Provisional	220	110	0	0		0	0		
2. EXCESS CLAIM FEE	:S					F	ee (\$)	Small Entity Fee (\$)	
Fee Description							52	26	
Each claim over 20 (including Reissues)							220	110	
Each independent claim over 3 (including Reissues) Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						M	Multiple Dependent Claims		
- 20 or HP =		- x	÷				Fee (\$)	Fee Pald (\$)	
HP = highest number of total	etalms paid for Extra Clair	or, if greater than 20. me <u>Fee (5)</u>	For	Paid (\$)		_			
-3 mHP = X ==									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$133 to small chers) for each additional to the size of									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.10(S).									
Total Sheets Extra Sheets Number of each additional bo of traction trials - 100 = /50 = (round up to a whole number) x									
Fees Paki (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filin	g surcharg	e): Appeal Brief Fee	(\$540	00) & Ext. of Tim	e Fee	(\$130.00)		\$870.00	
SUBMITTED BY									
Signature Rel Ahal				Registration No. (Attempt/Agent) 40,677			Telephone 609-734-6815		
olyllators plat	(AnomayiApent)			Dalo #/a/4					

Name (Print/Type) Paul P. Klel This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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